

# Army Family Violence Research Conference

## RECOMMENDATIONS

6-7 November 1997

Family Violence and Trauma Project  
Department of Psychiatry  
Uniformed Services University of the Health Sciences  
Bethesda, MD 20814

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## ACKNOWLEDGEMENTS

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## **Executive Summary**

A one and a half day conference was held at the Uniformed Services University of the Health Sciences (USUHS), the military medical school, in Bethesda, Maryland. The purpose of the conference was to formulate a research agenda for the Army in the field of family violence. This conference included some of the leading experts in family violence research in the United States, Army representatives with a wide range of clinical, administrative, and research experience in family violence, and senior members of the USUHS faculty of the School of Medicine. Several presentations were given to the invited group of participants by concerned leaders of the Army and the Department of Defense and by top researchers and clinical practice experts in the United States on the state of the research on child and spouse abuse. Other participants were experts in Army family violence, in medical research and practice, in policy and administration, and in other specialized topics in the field of spouse abuse and child abuse and neglect.

The topics of the expert presentations were physical and sexual child abuse, and spouse abuse treatment and research. The presenters and conferees all strongly supported the establishment of a research program that will meet the Army's needs for supporting soldiers and families. A wide variety of suggestions and recommendations were provided by the presenters and guests. Those are summarized in this report. Most importantly, all agreed that it is possible to perform solid, practical research that will provide answers to most of the pressing problems faced by the FAP. This research, when accomplished, will permit the Army to implement the prevention and treatment programs that have the best opportunity of decreasing family violence in the Army. In fact, only by implementing such a research program will solutions be found that will ensure that FAP funds are spent wisely and on programs that work as opposed to the present situation in the field of family violence in which unsubstantiated claims are the norm. The Army is a unique environment in which a successful research program can be conducted. This research will greatly contribute to the U.S. Army and to national priorities in understanding and treating family violence.

This research program must proceed through the establishment of centers of excellence. Such centers would serve a variety of research, clinical, training, policy, administrative management, and command functions. Centers will allow the Army to evaluate prevention and treatment programs for child and spouse abuse victims and offenders, and allow an examination of the effects of changes in unit and command policies for the FAP. New methods of management, prevention and treatment cannot be successfully implemented on a scale as large as the Army without careful training and monitoring of their effects. Too many times have new programs been presented only to have the recipients of the training return to their old ways once they have returned to their installation. Centers will also evaluate and monitor the effectiveness of training methods for military and civilian FAP personnel who must carry the latest knowledge to the field and train others at their local installation.

A new research program and functioning centers of excellence will evolve through a series of steps before research can be accomplished. It will be necessary to enlist the support of the senior Army leadership for their support of the program and to allow at least two

installations to be designated as Centers of Excellence in FAP. Support is also required from major command commanders such as Forces Command, Training and Doctrine Command, and Medical Command. Top level scientific personnel must be willing to contribute to the design of research protocols and to manage the research on a local basis and the research must be coordinated and monitored at the Department of the Army level. Once research has been planned, it will be necessary to staff the facilities, conduct pilot research, and evaluate its progress. Once these steps have been taken, it is possible that other funding can be obtained from the National Institutes of Health to assist with longer term evaluations. This will be possible because the wealth of new research information that can be obtained from this undertaking will have national implications. It is of note that the Army will be in the forefront of such an important national effort.

The recommendations in this volume are derived from the presentations and group discussions. They are comprehensive, feasible, and offer the Army the opportunity to increase its ability to evaluate its own efforts, plan and test new ones, train its own personnel to continue needed research efforts and disseminate pertinent, usable research information to the field on a timely basis.

The publication of this research agenda is the first step in increasing the Army's research knowledge of the means to improve the lives of Army soldiers and their family members through the reduction of family violence. Actually making this agenda into an operational plan will require the hard work and dedication of many. The proposed research plan can be the basis for a new era in the Army FAP program, one in which assessments, interventions, and prevention programs are based on the best possible understanding of the Army's commitment to its members.

### **The Army FAP and Its Research Needs**

The U.S. Army Family Advocacy Program (FAP) requires an active research program to provide its families the best possible prevention and intervention services to reduce family violence. The mechanism does not currently exist for the FAP to evaluate its own efforts. Although a few individuals in the FAP have conducted research, a planned, coordinated effort is necessary to maximize the opportunities for gains in knowledge while taking advantage of the expertise of the total Army FAP community. There is a critical shortage of experienced Army family violence researchers. The civilian community has only a minimal number of experienced family violence researchers. Therefore, the scientific expertise to conduct such research is seriously limited.

The development of a FAP research plan is part of the overall effort to evaluate the effectiveness of the FAP. Family programs in the Army are costly and those that are ineffective or unproven must be eliminated or improved based on sound research. In January 1997, the annual FAP Training Conference was held. The theme of the conference was evaluation research. In the five days of this conference, the major topics of interest to FAP were discussed and recommendations were made to the Army of ways to meet the problems and challenges. Research was an integral part of these evaluation plans. While most people have strong opinions about the value of FAP initiatives, research data will provide the

strongest support for continuing some programs and dropping others. Research, however, cannot provide immediate answers; it must be carefully planned and faithfully executed. The Army Family Violence Research Conference was held to plan the direction of such FAP research.

### **The Army as a Research Environment for Community Studies**

The Army is a unique environment for research on family violence. Soldiers are screened at entry for health, severe mental illness, lack of physical disability, and other important characteristics. It is not feasible to achieve this degree of control over these characteristics in the civilian community. Soldiers are employed, supervised, and have a relatively similar socioeconomic status, at least within rank groups. Thus, the Army has good control of ecological variables, access to special populations, the ability to standardize training procedures and interventions and the opportunity to study changes in policies. All these factors combine to produce an environment conducive to family violence research that will be of benefit to the Army and the nation.

Other agencies may wish to take advantage of the Army research environment and community. It is possible that a useful and productive partnership could be established with the Army providing the research population of family violence clinicians, prevention personnel, clients, and controls, and USUHS and other national universities providing researchers, and the National Institute of Mental Health providing the research funding.

Family violence is an area in research collaboration should prove particularly fruitful. The Army has a large population of family violence clients as well as a large population of at-risk persons who are young, newly married, and first time parents who are currently the targets of FAP prevention and treatment programs. The Army also has a cadre of experienced FAP administrators and clinicians who could participate in FAP training for research purposes.

The areas of risk for family violence in the Army are not well known in spite of speculations about the effects of deployments and downsizing. There are likely to be fluctuations of periods of risk for family violence episodes and epidemics related to the challenges of deployment, downsizing, closure of installations, and the retirement of units. However, we know that not all people are equally affected by disruption. Careful examination of groups and individuals who successfully meet such challenges would provide useful information for the development of support mechanisms for families, units, and communities.

### **Major Points of Invited Experts on Family Violence Research**

*Joel S. Milner, Ph.D.* Dr. Milner is one of the world's experts on child abuse research. The topic of Dr. Milner's presentation was Physical Child Abuse, including neglect. There have been very few controlled studies of child abuse and neglect by the same researchers over the



past few years. This indicates that the field of qualified, active researcher is decreasing rapidly. There have not been a lot of insights in the last few years as to why child abusers engage in the abuse. Dr. Milner discussed a wide variety of biological, physiological, and neurological risk factors for child abuse. Dr. Milner pointed out that much of our research on risk factors is incomplete in that the major risk factors may be markers for some other process, not critical links in the chain, and that we really do not know much about what actually causes abusive behavior. That is one reason why we have really not made much progress in understanding child abuse and neglect.

*Malcolm Gordon, Ph.D.* Dr. Gordon discussed child sexual abuse. There has been a lot of research on child sexual abuse, but most of that research has not been very informative. It has used small samples and much of the research is not very well developed. Most of the research has been skewed toward clinical samples of sexually abused children. Of the larger scale studies, national estimates are that about 1-3% of children have an incident of sexual abuse in a year, but these figures vary depending on the type of subject population and the ages of the participants. The most common age for child sexual abuse is about 9-12 years. The definitions of sexual abuse vary greatly. Under-reporting is likely because many people do not want to disclose sexual abuse histories. Sexual abuse seems to depend more on the characteristics of the offender than the victim. It may be considered a crime of deviation related to opportunity. There are some families in which there is a great deal of deviance, not just child sexual abuse. In intrafamilial child sexual abuse, there are questions about the quality of bonding between fathers and children. This is an important issue for the Army given the high frequency of deployments and the fact that about 90% of the Army is made up of men.

*Peter S. Jensen, M.D.* Dr. Jensen spoke about the research programs in family violence sponsored by the National Institutes of Mental Health. They currently spend about \$10 million per year in this field. Much of the money is spent on the study of antecedents and consequences of child abuse and neglect. Dr. Jensen described the three most important gaps in the current research picture in his agency: intervention research, definitional statements and reliable measures of child abuse and neglect, and the entire field of neglect. In the area of intervention, there is little evidence that any approach works. There is a need for preventive interventions for high risk groups and for interventions for families in which there have been first or second time situations. Dr. Jensen also discussed the need for research infrastructure. There is a shortage of trained researchers who can act as teachers or mentors for younger people. A center of excellence in the Army would have to take this factor into account in planning a long-term program in which continuing education is an important component. Dr. Jensen emphasized and supported the extraordinary opportunities for research present in the Army and expressed interest in staying involved in the progress of Army FAP research.

*James Breiling, Ph.D.* Dr. Breiling's topic was spouse abuse. One of his main points was the existence of treatments in medicine and health in general that are unproven. This continues today in the field of spouse and child abuse. He repeatedly emphasized the need for careful evaluation research before subjecting the public to such procedures. His second major point was the difficulty getting knowledge out to the field and having it implemented

in the correct form even if it is good material. Both of these concerns would be addressed by an Army center of excellence. In the field of spouse abuse, as in other fields of deviance, a small proportion of people account for the major effects. He distinguished between what might be described as minor spousal abuse and the abuse that involves major physical and mental damage. Very few people do serious spouse abuse, but almost all of them engaged in minor abuse before the serious incidents occurred. He noted that almost no violence occurs after age 21 that has not been initiated beforehand. This is an extremely important point for the Army because of the age of the recruit population and the number of young married persons in the Army. He stressed the importance of preventive interventions for this groups. He, along with all the other speakers, also emphasized that we have no knowledge of any treatment programs that are any more effective than any other ones. There is doubt in some people's minds as to whether any treatment programs have proven to be effective.

*K. Daniel O'Leary, Ph.D.* Dr. O'Leary is one of the world's leading researchers in spouse abuse. The topic of Dr. O'Leary's presentation was spouse abuse treatment research. Dr. O'Leary spoke first about the need for an Army research agenda. He suggested looking at moderate versus severe abuse and relationship-specific violence and generalized violence. He discussed the importance of examining the relationship between spouse and child abuse in the same family. He also spoke of the need for studies of evaluation of treatment for partner abuse and emphasized that no one treatment seems to work better than another. One of the important research needs is to determine what and when the treatment is effective. For example, some people will not attend more than a few treatment sessions before dropping out and some will not attend at all. This may say more about the low appeal of existing treatments than the attitude of the people to whom treatment is being offered. We need to know who can be helped and who is beyond help. It is not realistic to think that everyone can be helped, at least to the same degree. We know that low level of aggression in marriages is unavoidable and usually does not progress to more violence. It is likely that marital treatment of some sort would be more effective than family violence treatment for most of these people. Significantly more young females report engaging in aggression against their partners than males report. He emphasized the extreme importance of controlled trials of treatments for family violence. A center of excellence is the only way to effectively implement this recommendation.

### **Priority Recommendations**

Establish centers of excellence with designated missions and support to implement and evaluate initiatives in FAP training, prevention, intervention and, community coordination, and test new FAP administrative procedures and command policies.

Evaluate the effectiveness of family violence treatment. This is the most critical research and clinical need in the field of family violence.

Conduct research to arrive at better definitional standards and assessment tools. Definitions and methods of assessment are not currently standardized or uniformly

implemented. Without standards of definition, it is impossible to compare such variables as case severity or changes due to treatment or prevention programs.

Study the effects of the deployment of soldiers on child abuse and neglect and spouse abuse. Critical issues are the timing of deployment and family violence, the role of anticipation, decreased resources and neglect during deployment, and resource availability and its effect on family violence, and the stresses of the home coming period and re-adjustment.

Study family violence in dual military and single military parents. These are populations of unique interest to the Army.

Conduct epidemiological research to determine the times, phases, and locations in the community where and when family violence occurs.

### **Detailed Summary of Recommendations**

The following recommendations are briefly stated and are made in directive format. This format emphasizes the practical needs of the Army and makes clear the subject of the recommendation.

#### **Centers of Excellence**

Establish centers of excellence with designated missions and support to implement initiatives in FAP training, prevention, intervention, community coordination, and to test new FAP administrative procedures and command policies.

#### **Treatment Effectiveness**

Evaluate the effectiveness of treatment of family violence. This is one of the most critical needs in the field of family violence. The Army is a unique environment in which a successful research program can be conducted. This research will greatly contribute to the U.S. Army and to national priorities in understanding and treating family violence. In addition, many of these contributions to the Army environment would be applicable to the needs of the nation in these same topics.

There is tremendous variation in treatment approaches to family violence in the Army and there is no evidence of effectiveness of any of these treatments. It was repeatedly emphasized that evaluation research is critical to have safe and effective FAP treatment programs.

Explore innovative types of treatments for offenders and victims.

Identify innovative community programs to promote increased numbers of self-referrals of offenders. Studies in other areas of social deviance have shown promising results when programs are available that are attractive to offenders. This could require changes in the requirement for Army Central Registry entry of offenders and victims.

Create a command monitorship program for abused spouses. Monitoring programs have been recently evaluated in a Navy research program of spouse abuse treatment and showed some promise of being effective in some situations. Monitoring could consist of monthly telephone calls from an offender's supervisor or by electronic means as well as other methods.

Study the effect of providing marital therapy instead of specific treatment for violence in families with minimal family violence. It is thought that most FAP cases are due to marital discord. Treatment of marital problems may be more effective than treatment focused only on violence.

Examine the effectiveness of "no treatment" for some types of violence cases. Some forms of family violence may not require clinical treatment. This may be cost effective and clinically appropriate. Other, more limited measures may be equally effective in treating family violence.

Study the effects of interventions based on conflict resolution appropriate for the level of conflict and family development of couples and children.

Study treatment dropouts. The U.S. Army has unique access to dropouts not present in civilian communities. The percentage of dropouts who leave treatment because they have obtained sufficient help compared to those who do not change their behavior is unknown. It is not known how long treatment should be or the elements of treatment that are helpful for individuals and families. It was repeatedly emphasized that "one size does not fit all." We also do not know how dropouts differ from persons who never enter treatment at all compared to those who complete their treatment program.

Longitudinal studies (biological and behavioral) of couples and families to identify the changes in aggression over time in different stages of marriage and family life relative to the length of a marriage and the ages of the children.

Determine the relationship of race/ethnicity on family violence rates in the Army.

Identify culturally-specific therapeutic interventions that enhance outcome.

### **Improved Assessment and Definition**

Develop good and reliable definitions and measures of physical abuse, sexual abuse, neglect, and emotional abuse. While there have been changes in the Army's methods of

assessing and reporting child and spouse abuse, there has not been research on their accuracy, reliability, or usefulness in terms of treatment outcome.

Study the role of and effect of child abuse on the non-offending parent. In some cases of child abuse, such as sexual abuse, there is often a non-offending parent. It is important for the treatment of the victim, as well as the rest of the family, to learn more about the dynamics of such relationships.

### **Deployment**

Conduct research on the effects of deployment on family violence. Studies should be conducted on the effects of each of the following elements of deployment:

- the timing of the deployment,
- the role of anticipatory stress by the soldier and the family,
- decreased resources available to spouses and family members during deployment,
- neglect of children during deployment,
- home coming,
- and long-term re-adjustment.

### **Dual Military and Single Parent Families**

Study family violence in dual military and single military parents. These are populations of unique interest to the Army. Research on this group provide the Army the opportunity to study unique military problems. These soldiers may be especially susceptible to many stressful situations, particularly deployment, and others which may put them at higher risk for abuse and neglect of their children and for spouse abuse.

### **Longitudinal Research on the Patterns of Family Violence**

Longitudinal studies (biological and behavioral) should be performed of couples and families in order to examine patterns of aggression. Some minor abuse is not serious and may only require better conflict resolution skills. Some violence, on the other hand, escalates into life threatening incidents in which there is danger to spouses and children. It is not known how to differentiate a person or couple in which minor abuse is common, but does not escalate compared to persons whose become serious violence offenders.

### **Training**

Establish the U.S. Army FAP-sponsored Family Violence Fellowship.

Fellows will study with experienced family violence researchers from USUHS and other national universities. Assigned to centers of excellence, they will act as

mentors and train a cadre of Army FAP researchers, conduct short courses, teach in a training environment, and disseminate research information throughout the Army FAP community.

### **Identification**

The persons who make decisions about referral or reporting of child and spouse abuse cases influence the likelihood of early intervention for both victims and offenders, particularly those members of high risk populations.

Determine the characteristics of family violence incidents that are identified and reported by the traditional military "gatekeepers" such as the military police, medical and dental personnel, commanders, and community members.

Determine how the military police, medical and dental personnel, commanders, and community members make decisions about referral and reporting of child and spouse abuse. The goal is to facilitate early intervention through prompt and appropriate referrals by the "gatekeepers" of the FAP system.

Do the military police (but also other referral sources) tend to refer minority and lower ranking enlisted persons who live on-post more often than off-post residents?

Do military police, medical personnel, and command interact with civilians in the local jurisdictions off-post to increase referrals of these cases?

### **Communication**

Sponsor a commander's conference to promote increased community involvement in the FAP and to identify commanders' needs in the field of family violence. Commanders are one of the consumers of FAP services. Units, as well as families, suffer when family violence issues are not dealt with promptly and effectively.

Sponsor a multidisciplinary conference including commanders, FAP personnel, chaplains, drug and alcohol counselors, military police, and community leaders to discuss the research, treatment, prevention, and policy needs in an interdisciplinary environment. Such a conference will foster identification of problems and the needs of the FAP consumers.

### **Community Coordination**

Implement a highly visible "Healthy Families" program by integrating FAP into other community programs emphasizing prevention and early intervention for family and community problems such as marital conflict and violence. Family violence initiatives

are typically separated from other family, community, and medical programs. This recommendation would help to de-stigmatize FAP and bring its services to the families that need them.

Establish a FAP consortium of Army and federal researchers to meet on a regular basis to review, plan, and coordinate multi-site research including centers of excellence.

Increase the availability of "news you can use." Provide an information network that disseminates policy, research news, and new developments in the FAP. A timely and accurate communication medium is needed that will support current FAP issues for commanders, FAP personnel, researchers, and clinicians in the Army. The Joining Forces Newsletter and increasing use of Internet and other new technological developments will facilitate further developments in this area.

### **Peer Networks**

Study of peer networks of soldiers. Peer networks in the Army have the potential to propagate distress and deviant behavior as well as serve educational and buddy modeling roles in the area of increased and decreased risks of family violence. It is thought that associations of deviant individuals spread attitudes and knowledge which contributes to family violence. Peer networks could be involved in the spread of epidemics or pockets of family violence. They could constitute a risk factor as well as a buffer in a community. The military operates in groups, particularly small working groups. This topic provides an increased focus on the development of understanding the potential of this particularly important group for understanding group interventions in violent behavior.

### **Children Who Witness Violence**

Evaluate and define the effects of family violence on children who witness violence committed by their parents or caregivers. Few studies have examined this population, particularly longitudinally. The psychological effects on the child as well as long-term outcome in adulthood are little known. It is necessary to know their risk for psychological difficulties at a later age and for becoming offenders. It is common for children who witness violence to be treated as victims of abuse. It is important to determine whether this is a policy that should be continued.

### **Family Violence and Psychiatric Illness**

Study the relationship of psychiatric illness to family violence. Mood states, symptoms, and the general level of well-being are likely to affect parenting styles and spousal relations.

Study the relationship between depression and family violence.

Study the relationship between depression and the neglect of children.

Determine the type of treatment interventions to apply to abusers who have specific psychiatric disorders.

Determine which offenders are likely to benefit from treatment and those who are not.

Determine from studies of assessment and follow-up from treatment which military offenders are likely to benefit from treatment or other types of interventions and which should be discharged. Such information will help commanders determine who among military offenders could benefit from treatment and who should be discharged.

### **Drug and Alcohol Studies**

Determine the relationship between substance abuse and family violence as well as the nature of effective treatments for family violence and substance abuse, when appropriate. The relationships between substance abuse and family violence are complex and require careful examination.

### **Social Isolation and Social Support**

Study the effectiveness of social support systems as a means of decreasing family violence. Support systems are plentiful in the Army, but there is little understanding of whether they are effective, who uses them, or how they could be improved for high risk and abusing persons.

### **Family Violence Prevention In Schools**

Study the effectiveness of presenting school curricula on family violence prevention in DODDS schools.



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